

REDACTED – FOR PUBLIC INSPECTION



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June 30, 2016

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Windy City Cellular, LLC
FCC Form 481 – CONFIDENTIAL FINANCIAL INFORMATION –
SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL
COMMUNICATIONS COMMISSION

Dear Ms. Dortch:

On behalf of Windy City Cellular, LLC ("WCC"), Koyulyn Miller of Squire Patton Boggs (US) LLP hereby files FCC Form 481 completed by WCC for program year 2017. Pursuant to the Protective Orders adopted in the above-referenced proceeding, WCC has filed one copy of the confidential version of this document with the FCC Office of the Secretary.

Each page of the confidential version bears the legend "CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

The copy of the public version and the accompanying cover letter filed via ECFS bear the legend "REDACTED – FOR PUBLIC INSPECTION."

Should you have any questions with respect to the filing, please contact the undersigned.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Koyulyn Miller", is written over a horizontal line.

Koyulyn Miller
Squire Patton Boggs (US) LLP
2550 M Street, NW
Washington, DC 20037
202-457-5321
Counsel to Windy City Cellular, LLC

cc: Paul C. Besozzi, Esq.

44 Offices in 21 Countries

Squire Patton Boggs (US) LLP is part of the international legal practice Squire Patton Boggs, which operates worldwide through a number of separate legal entities.

Please visit squirepattonboggs.com for more information.



[USAC Home](#) [High Cost Program](#) [Search Tools](#) [Form 481](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Mon 27 Jun 16 03:46:50 PM EDT by aweaver@adaktu.net .

SAC : 619012

498 ID : 143033143

Carrier Name : Windy City Cellular

Program Year : 2017

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

[Return to 481 Search](#) [Print Confirmation Page](#)

FCC Form 481 - Carrier Annual Reporting Data Collection Form		REDACTED - FOR PUBLIC INSPECTION		FCC Form 481	OMB Control No. 3060-0986	/OMB	Control No.
				July 2013			

3060-0819

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Andilea Weaver
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9072220844 ext.
<039>	Contact Email : Address Email of the person identified in data line <030>	aweaver@adaktu.net
Form Type		54.313 and 54.422

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line
< 112> detailing the status of §54.202(a) your company's existing § " 5 y ear
plan" to the FCC, as it relates to your provision of voice telephony
619012_AK_114_FIVE_YEAR_PLAN_USF_SUP.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years,
your annual progress report filed pursuant to 47 C.F.R. § 54.202(a) if your company is a
CETC which only receives frozen support, your progress report is only
required to address voice telephony service.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115>
<116>
<117>
<118> Provide an explanation of network improvement targets not met
in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

FCC Form 481
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July 2013

<010>	Study Area Code	619012
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<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

Yes

[illegible]

(300) Unfulfilled Service request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	619012
<015> Study Area Name	Windy City Cellular
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035> Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<300> Unfulfilled service request (voice)	0
--	---

< 310 > Detail on attempts (voice)

Name of Attached Document

< 320 > Unfulfilled service request (broadband)

< 330 > Detail on attempts (broadband)

Name of Attached Document

(400) Number of complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	619012
<015>	Study Area Name	Windy City Cellular
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only mobile voice
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	0.0
<430>	Select from the drop-down list to indicate how you would like to report end user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
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July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes

619012 AK Service Quality Standards CPNI.pdf

<510>Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	619012	
<015> Study Area Name	Windy City Cellular	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Andilea Weaver	
<035> Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net	
<600> Certify compliance regarding ability to function in emergency situations	Yes	
<610> Descriptive document for Functionality in Emergency Situations	619012 AK _610_ER_Situations.pdf	

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

~~-- See attached worksheet~~

FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

[illegible]

<010>	Study Area Code	619012
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<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net
<810>	Reporting Carrier	Windy City Cellular, LLC
<811>	Holding Company	Adak Eagle Enterprises, LLC
<812>	Operating Company	Adak Eagle Enterprises, LLC

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	619012
<015> Study Area Name	Windy City Cellular
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035> Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

<921>

- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	9072220844 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

No

<1130>

Yes

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

619012 AK 1210 Lifeline Terms & Condt.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP www.adaktu.net

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<12 2 Details on the number of minutes provided as part of the plan, ☒

<12 2 Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	619012
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<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) } Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<2024A>	Round 2 Recipient of Incremental Support?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 180px; height: 60px; margin: 0 auto;"></div>
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<div style="border: 1px solid black; width: 180px; height: 60px; margin: 0 auto;"></div>
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	<div style="border: 1px solid black; width: 180px; height: 60px; margin: 0 auto;"></div>
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	

(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 0% of its supported locations in the state on December 31, 20 - 54.313(e)(6) 20

10

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	619012
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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification {47 CFR § 54.313(f)(1)(i)}

(3010B) Please Provide Attachment
Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}

(3012B) Please Provide Attachment
Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

☐ ☐
☐ ☐

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation
Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information
Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation	(Continued)	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Windy City Cellular	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/27/2016
Printed name of Authorized Officer: Andilea Weaver	
Title or position of Authorized Officer: VP/COO	
Telephone number of Authorized Officer: 9072220844 ext.	
Study Area Code of Reporting Carrier: 619012	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

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